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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 08 Chouteau 0133 Fort Benton Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 1181 No Hasbrouck, Donna 2.00 1 1182 No Hasbrouck, Donna 7.68 1183 Burney, Brad & Petra 1 No 2.00 1184 No Breise, Ron & Allyson 1.50 1 1185 Naeseth, Kimberly J 1 No 1.08 1 1186 No Rubens, Connie M 4.65 1 1187 No Andreasen, Dawn 3.50 1188 Reichelt, Kirk 1.75 1 No 1189 1 Yes Gessaman, Mike 3.00

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School District Claim for State Reimbursement for Individual and Isolated Transportation

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Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0134 Fort Benton H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 1189 Yes Gessaman, Mike 3.00 Fultz, Tom 1 1190 No 9.25 1 1191 No Kelly, Kristine E 2.00

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Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0137 Big Sandy Elem Elementary District Contract **Daily** # of Days Shared Transported # Family's Name Rate 11 1173 Yes Brown, Renita 1.00 11 1175 Yes Darlington, Carey 1.00 11 1176 Yes Amsbaugh, Paula 0.13 1180 11 Yes Terry, Bev 1.00 1663 Reher, Robert & Jamie 11 No 2.00 11 2214 No Dumas, Jim 2.50

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School District Claim for State Reimbursement for Individual and Isolated Transportation

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First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0138 Big Sandy H S **High School** District Contract Daily # of Days Shared Transported # # Family's Name Rate 2 1173 Yes Brown, Renita 1.00 2 1174 No Genereux, Gaye 0.00 2 1175 Yes Darlington, Carey 1.00 2 1176 Amsbaugh, Paula Yes 0.12 2 1177 Weaver, Don No 9.25 2 1178 No Boyce, Laura 9.25 2 Darlington, Russell 1179 No 0.50 2 1180 Yes Terry, Bev 1.00

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0144 Warrick Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 26 1172 No Henderson, Suzanne 0.50

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0153 Geraldine Elem 08 Chouteau Elementary Contract District **Daily** # of Days Transported # Shared Family's Name Rate 44 1168 No Bronec, Margaret 1.00 Taylor, Darrell 44 1169 No 1.50

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0154 Geraldine H S **High School** Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 3 1170 No Withrow, Lon 0.25 3 1171 No Johnson, Jackie 4.00

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **First Semester Second Semester DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0159 Carter Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 56 1167 No Deck, Adrian & Kelly 1.50

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
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Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0171 Benton Lake Elem 08 Chouteau Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 99 1662 No Silverberg, Dena 3.50